

Frequently Asked Questions for Michigan Residents About the MDHHS-5515, Consent to Share Behavioral Health Information

If you have experienced domestic violence, sexual assault, stalking, or another crime and would like to release information on services that you received, you should refer to Question 17.

You may also visit www.michigan.gov/bhconsent for more information.

1. Why am I being asked to share my behavioral health information?

You may be receiving health care from several providers or organizations. Each provider has a record about your care. Your provider may ask to share your record with another provider or organization. Here are some reasons that your provider may be asking to share your record:

- Make sure that all of your health needs have been addressed.
- Ensure that any treatments that you have been prescribed are safe and appropriate.
- Coordinate services with other providers or organizations.

2. What is behavioral health information?

Behavioral health services may address mental health needs and substance use disorders. Providers keep records on the behavioral health services that individuals receive. These records are known as “behavioral health information.”

3. Is my consent required to share my health information?

Your health care provider may share most types of health information for the purposes of payment, treatment or coordination of care under the Health Insurance Portability and Accountability Act (HIPAA) and Michigan Mental Health Code. However, other federal laws and state laws require

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your provider to get your consent to share certain types of health information for specific purposes. In Michigan, providers must receive your consent to share the following types of information under certain circumstances:

- Behavioral health or mental health services (for purposes other than treatment, payment, and coordination of care)¹
- Referrals and/or treatment for a substance use disorder.²

The Behavioral Health Consent Form, also known as MDHHS-5515, can be used to consent to share these types of information. MDHHS-5515 cannot be used to share psychotherapy notes as defined under federal law.

4. What are psychotherapy notes?

Psychotherapy notes are specific types of notes that are recorded by your provider. Your provider may take notes during a private counseling conversation with you. Your provider may also take notes if you are receiving counseling with your family or as part of a group. These notes are separate from the rest of your health record. MDHHS-5515 cannot be used to share psychotherapy notes as defined under federal law.³

5. I have a communicable disease. Do I need to provide consent for this information to be shared?

MDHHS-5515 is a consent form for the sharing of behavioral health information. You can use the form to consent to share mental health and substance use disorder records.

Under HIPAA, your provider can share most communicable disease information with other health care providers. Additionally, your provider must report certain communicable disease information to public health

¹ PA 258 of 1974 and MCL 330.1748

² 42 CFR Part 2

³ 45 CFR 164.501

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officials under the Michigan Public Health Code.⁴ However, there may be other instances when your provider must obtain your consent to share your communicable disease information.⁵ You can ask your provider about what types of communicable disease information may be shared or reported under state and federal laws.

6. Can I limit what information will be shared?

Under Section II on the form, you have three options for deciding what information you want to have shared. The three options are listed below.

- You may choose to share all of your behavioral health and substance use disorder information.
- You may choose to share only some of your behavioral health and substance use disorder information. If you choose this option, you must list under Section II what information you do not want shared.
- You may choose to only share specific records. If you choose this option, you must list under Section II what records you do want shared.

If you choose to share only some of your information, you should specifically identify which types of information that you would like to be shared. Examples may include (but are not limited to) diagnostic information, medications and dosages, lab tests, allergies, substance use history summaries, trauma history summary, elements of a medical record such as clinical notes and discharge summary, employment information, and living situation and social supports. You should speak with your health care provider about the benefits and risks of sharing only part of your health information.

⁴ PA 368 of 1978, MCL 333.1101 et seq

⁵ PA 368 of 1978, MCL 333.5131 et seq

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7. Why will my health care provider share my health information?

Your provider can share your health information listed in Section II to help diagnose, treat, manage, and get payment for your health needs. Ask your provider if you have questions as to why or how your health information will be shared.

8. With whom will my provider share this information?

You can choose who will be able to share and receive your information under Section 1. There are three parts to Section 1, which are described below.

- **1A:** You can list specific individuals or organizations that you want to share your health information. You must write the name of the individuals or organizations that you want to share and receive your information under Sub-Section 1a.
- **1B:** You may also list organizations that help transmit your health information through electronic exchange. You must write the name of the organizations that you want to receive and re-disclose your records under Sub-Section 1b.
- **1C:** You may also choose to share your health information with all of your past, current, and treating providers. You can choose to share this information by checking the box under Section 1c. You can only choose this option if you list an organization under Sub-Section 1b. Information will only be shared with treating providers who participate in the organization that is listed under Sub-Section 1b. If you choose this option, you may also request a list of all of the individuals and organizations who received your health information over the past two years. You must make this request to the organization(s) under Sub-Section 1b in writing. You can ask your provider for assistance if you are not sure how to contact the organization(s) under Sub-Section 1b.

Please note that any individual or organizations that you list on the form can share information with other individuals or organizations listed on the

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form. If you have any questions, you can ask your health care provider to explain the process to you.

9. The consent includes an option to share my health information with “organizations who facilitate the electronic exchange of health information.” What are these organizations?

There are certain types of organization that facilitate the electronic exchange of health information. These organizations may be known as Health Information Exchanges, Health Information Organizations, or Health Information Networks. These organizations allow your provider to share your information electronically with other providers. Providers who share information electronically are more effectively able to diagnose your health needs, provide treatment, and coordinate your care.

You can learn more about health information sharing through the following webpage:

<https://www.healthit.gov/patients-families/health-it-terms>

The following video also explains how health information sharing can improve your care:

<https://youtu.be/UMiPW831b1o>

10. Can I share health information with family members and friends by using this form?

Yes, you may consent to share mental health or substance use disorder information with family members and friends by listing those individuals on this form.

11. If I have a guardian, can my guardian complete this form and provide consent to share health information on my behalf?

Your guardian may complete this form and provide consent to share health information on your behalf. You should review the guardianship order to

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determine whether your guardian has the authority to make health care decisions on your behalf.

12. If I am a minor, can I consent to share my health information using this form, or is my parent required to consent?

A minor may be able to complete this form and provide consent to share health information without parental consent. For more information, please review the following document:

https://www.networkforphl.org/_asset/kbctjq/MinorsPrivacy.pdf

13. What if I do not consent to share my health information?

Your consent is voluntary, and your decision not to consent will not affect your ability to get mental health or medical treatment, health insurance, or benefits. However, if you do not provide consent, your provider may not be able to share your health information such as your substance use disorder treatment records. If you do not provide consent, your substance use disorder provider or organization may not be able to bill your insurance and may require that you pay out-of-pocket for substance use disorder treatment. You should discuss this issue with your substance use disorder provider or organization.

Your provider may still share information under HIPAA and the Michigan Mental Health Code that does not need additional consent under other state or federal laws. HIPAA and the Michigan Mental Health Code allow providers to share this information without your consent for purposes such as payment, treatment and coordination of care.

14. How will my information be shared?

Your provider may share your information verbally, through mail or fax, or by using another electronic method. You may talk with your provider about how he or she will share your information.

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15. If I provide my consent now, can I withdraw it at a later time?

Yes, you may withdraw your consent at any time. To withdraw your consent, fill out Section 4 or tell your provider that you wish to withdraw your consent. You must notify all providers and organizations listed on your form that you no longer consent to share your information.

You should keep a copy of the form that you used to withdraw consent. Information that has already been shared based on your consent cannot be taken back. Your provider may still share information under HIPAA and the Michigan Mental Health Code that does not need additional consent under other state or federal laws. HIPAA and the Michigan Mental Health Code allow providers to share most kinds of health information with other providers or organizations for purposes such as payment, treatment and coordination of care.

16. Will my health care provider keep my information confidential?

HIPAA and other federal and state laws require your provider to protect your health information. Your provider must meet privacy and security requirements under these laws. You may ask your provider about how he or she protects your health information.

17. I have experienced domestic violence, sexual assault, stalking, or another crime. Should I have concerns about sharing my health information?

Some people who have experienced domestic violence, sexual assault, stalking, or other crimes may have safety or privacy concerns about sharing their health information. Talk to your provider if additional safeguards need to be in place before your health information can be shared. You may also visit the Michigan Department of Health and Human Services website at www.michigan.gov/bhconsent for additional information.

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18. If I have questions about the form, who can I ask?

You can ask your health care provider, his or her staff or your patient advocate. You can also contact the Michigan Department of Health and Human Services by phone at 844-275-6324, online at www.michigan.gov/bhconsent, or by email at MDHHS-BHConsent@michigan.gov.



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